

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Hagan Victory Fund

ADDRESS (number and street)

600 Pennsylvania Ave SE Ste 210

Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00544577

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Judith Zamore

Signature of Treasurer

Judith Zamore

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 23

Write or Type Committee Name

**Hagan Victory Fund**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9400.00	654950.59
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	9400.00	654950.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3106.99	39440.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3106.99	39440.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33358.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 23

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Hagan Victory Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

7300.00

622850.59

(ii) Unitemized.....

100.00

100.00

(iii) TOTAL of contributions from individuals ▶

7400.00

622950.59

(b) Political Party Committees.....

0.00

30000.00

(c) Other Political Committees (such as PACs).....

2000.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

9400.00

654950.59

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

9400.00

654950.59

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3106.99	39440.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	104400.00	583400.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	107506.99	622840.22

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	131465.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9400.00
25. SUBTOTAL (add Line 23 and Line 24).....	140865.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	107506.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33358.35

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Hagan Victory Fund**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Annette Baker PhD</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 5000 Bridgewood Dr			<b>Transaction ID : INCA443</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1000.00	
Durham	NC	27713		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Baker Clinical Services		Occupation Psychologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>William Sitton Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 342 Hillside Ave			<b>Transaction ID : INCA440</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00	
Charlotte	NC	28209		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Self		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Emily Zimmern</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 3601 Knapdale Ln			<b>Transaction ID : INCA441</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00	
Charlotte	NC	28226		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Levine Museum of the New South		Occupation Museum Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 2000.00	
<b>TOTAL</b> This Period (last page this line number only).....			_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**Samuel Zimmern MD**

Mailing Address 3601 Knapdale Ln

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Health Care SystemOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : INCA442

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Patricia Stavola**

Mailing Address 801 Northern Shores Ln

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SyngentaOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : INCA451

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Laura Svetkey**

Mailing Address 113 Birchcrest Pl

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke UniversityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : INCA452

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**Jeff Cohen**

Mailing Address 229 N Church St

Apt 304

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : IDTA154

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**ActBlue (C00401224)**

Mailing Address P.O. Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

147720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : INCA457IDTA154

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**Alan Young**

Mailing Address 117 Meadowbrook Dr

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for International Education, In

Occupation

Education Services

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : IDTA155

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

600.00

**TOTAL** This Period (last page this line number only).....

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA154

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA457IDTA154

Contribution earmarked through ActBlue; not a contribution



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA155

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Hagan Victory Fund**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue (C00401224)**

Mailing Address P.O. Box 441146

City State Zip Code  
Somerville MA 02144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
147720.00

Date of Receipt

M M / D D / Y Y Y Y  
04 11 2014

Transaction ID : INCA457IDTA155

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**Denise Badgett**

Mailing Address 1288 Braeburn Rd

City State Zip Code  
Concord NC 28027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lash Group Director

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 14 2014

Transaction ID : INCA459

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Erica Toatley**

Mailing Address 5224 W Siesta Way

City State Zip Code  
Laveen AZ 85339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AmeriSource Bergen Director of Operations

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 14 2014

Transaction ID : INCA458

Amount of Each Receipt this Period

250.00

750.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA457IDTA155

Contribution earmarked through ActBlue; not a contribution

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Hagan Victory Fund

Full Name (Last, First, Middle Initial)

Gwen Glaeser

A.

Mailing Address 2410 Tarleton Twins Ter

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNL Commercial Real Estate

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : INCA460

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Rita Ersfeld Norton

B.

Mailing Address 3530 Pinetree Ter

City

Falls Church

State

VA

Zip Code

22041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amerisource Bergen

Occupation

Government Relations

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2014

Transaction ID : INCA469

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Jeff Cohen

C.

Mailing Address 229 N Church St  
Apt 304

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2014

Transaction ID : IDTA156

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : IDTA156

Earmarked through ActBlue

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**ActBlue (C00401224)**

Mailing Address P.O. Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

147720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : INCA466IDTA156

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**Jeff Cohen**Mailing Address 229 N Church St  
Apt 304

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not Employed

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : IDTA157

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**ActBlue (C00401224)**

Mailing Address P.O. Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

147720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : INCA473IDTA157

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

100.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA466IDTA156

Contribution earmarked through ActBlue; not a contribution

Form/Schedule: SA11AI

Transaction ID: IDTA157

Earmarked through ActBlue

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : INCA473IDTA157

Contribution earmarked through ActBlue; not a contribution

Form/Schedule:

Transaction ID:



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**Barbara Lambert**

Mailing Address 3808 Chiswell Ct

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2014

Transaction ID : INCA474

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

7300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**Premier Employee's Civic Action Fund**

Mailing Address **444 N Capitol St NW**  
**Ste 625**

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing  
federal political committee.

**C** **C00346288**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**05 / 05 / 2014**

**Transaction ID : INCA464**

Amount of Each Receipt this Period

**2000.00**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2000.00**

**2000.00**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2014

Amount of Each Disbursement this Period

23.70
-------

Transaction ID : EXPB456

**B. Alpha Sound & Light**

Mailing Address 3615 Tryclan Dr

City	State	Zip Code
Charlotte	NC	28217

Purpose of Disbursement  
A/V & Light for Fundraising Event

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 14 / 2014

Amount of Each Disbursement this Period

2140.00
---------

Transaction ID : EXPB455

**c. Erika Brees**Mailing Address 612 Eagle Rd  
Unit 1A

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement  
Reimburse Catering

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 23 / 2014

Amount of Each Disbursement this Period

43.47
-------

Transaction ID : EXPB468

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2207.17

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Capitol Compliance Associates**

Mailing Address PO Box 15293

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

757.77
--------

Purpose of Disbursement  
Shipping

Transaction ID : EXPB461

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2014

City	State	Zip Code
Somerville	MA	02144

Amount of Each Disbursement this Period

3.95
------

Purpose of Disbursement  
Merchant Fees

Transaction ID : EXPB465

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Capitol Compliance Associates**

Mailing Address PO Box 15293

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
Compliance Services

Transaction ID : EXPB462

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

757.77



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 23

<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Hagan Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Hagan for US Senate**

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement  
Transfer

Candidate Name

**Kay Hagan**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: NC

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

75000.00
----------

Transaction ID : EXPB454

**B. North Carolina Democratic Party**

Mailing Address 220 Hillsborough St

City	State	Zip Code
Raleigh	NC	27603

Purpose of Disbursement  
Transfer

Candidate Name

**North Carolina Democratic Party**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

7500.00
---------

Transaction ID : EXPB453

**c. Hagan for US Senate**

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement  
Transfer

Candidate Name

**Kay Hagan**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: NC

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

19950.00
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Transaction ID : EXPB463

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

102450.00
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